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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/193,041 03/29/2000 *Yes*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> May after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>JS</i>				

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## TITLE

Low-field MRI

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